

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CARSON AMERICA

A. Full Name (Last, First, Middle Initial)

DR. TYRONE T. LEE

Mailing Address **3700 COLLEGE AVENUE**

City	State	Zip Code
CONWAY	AR	72034-7259

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONWAY PULMONOLOGY CLINIC

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.449878

Date of Receipt

09 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)

DR. WILLIAM T. LEE JR.

Mailing Address **7 CENTRE CT**

City	State	Zip Code
NEW BRAUNFELS	TX	78132-3732

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER BEST
EFFORTS**

Occupation
**INFORMATION REQUESTED PER BEST
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.249308

Date of Receipt

07 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR. WILLIAM T. LEE JR.

Mailing Address **7 CENTRE CT**

City	State	Zip Code
NEW BRAUNFELS	TX	78132-3732

FEC ID number of contributing
federal political committee.

C

Name of Employer
**INFORMATION REQUESTED PER BEST
EFFORTS**

Occupation
**INFORMATION REQUESTED PER BEST
EFFORTS**

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.566930

Date of Receipt

09 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....

2900.00

Total This Period (last page this line number only).....